

To: Commissioner for Patents  
M/S: Patent Application  
Box 1450  
Alexandria, VA 22313-1450

22141 U.S. PTO  
10/684086



**NEW APPLICATION TRANSMITTAL - UTILITY**

Sir:

Transmitted herewith for filing is a **utility** patent application:

**Inventor(s):** Kimbolt Young and Steve Anderson

**Title:** MULTI-ZONE BIPOLAR ABLATION PROBE ASSEMBLY

PAPERS ENCLOSED HERewith FOR FILING UNDER 37 CFR § 1.53(b):

- 38 Page(s) of Written Description  
8 Page(s) Claims  
1 Page(s) Abstract  
17 Sheets of Drawings ☒ Informal ☐ Formal

**1. ADDITIONAL PAPERS ENCLOSED IN CONNECTION WITH THIS FILING:**

- ☒ Declaration (2 pages)  
☒ Power of Attorney ☒ Separate (2 pages) ☐ Combined with Declaration  
☒ Assignment to SciMed Life Systems, Inc. and assignment cover sheet (4 pages)  
☐ Certified Copy of Priority Document No(s): \_\_\_\_\_  
☐ Information Disclosure Statement w/PTO/SB/08 (4 pages) ☐ Copy of Citations  
☐ Preliminary Amendment  
☐ Request and Certification under 35 U.S.C. § 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
☒ Return Postcard  
☒ Other: Application Data Sheet (3 pages)

**2. PRIORITY**

- ☐ Priority of application Serial No. \_\_\_\_\_ filed on \_\_\_\_\_ in \_\_\_\_\_ is claimed under 35 U.S.C. § 119.

**CERTIFICATE OF MAILING**  
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office To Addressee' in an envelope addressed to the Assistant Commissioner for Patents, Alexandria, VA 22313-1450.

EV 348160265 US  
Express Mail Label No.

October 10, 2003  
Date of Deposit

PA:52119909.1/2024728-7034822001

Maritza Kidd

Name of Person Mailing Paper

Signature of Person Mailing Paper

10/10/03 3:04 PM

**3. THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:**

☐ Applicant claims small entity status pursuant to 37 CFR § 1.27

<b>BASIC FILING FEE:</b>						\$770.00
Total Claims	47	-	20	=	27	x \$18.00 \$486.00
Independent Claims	4	-	3	=	1	x \$86.00 \$86.00
Multiple Dependent Claims	\$280	(if applicable)				<input type="checkbox"/> \$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>						\$1,342.00
Reduction by ½ for Filing by Small Entity, if applicable, as asserted above. Note 37 CFR §§ 1.9, 1.27, 1.28.						<input type="checkbox"/> \$0.00
Misc. Filing Fees (Recordation of Assignment -- \$40) ,						\$40.00
<b>TOTAL FEES DUE HERewith</b>						\$1,382.00

**4. METHOD OF PAYMENT OF FEES**

☐ Attached is a check in the amount of \_\_\_\_\_.

☒ Charge Bingham McCutchen's Deposit Account No. **50-2518** in the amount of \$1,382.00.

☐ Not attached. No filing fee is submitted. [This and the surcharge required by 37 CFR § 1.16(e) can be paid subsequently.]

**5. AUTHORIZATION TO CHARGE FEES**

The Commissioner is authorized to credit any overpayment and to charge any underpayment to McCutchen's Deposit Account No. **50-2518** for the following:

☒ 37 CFR § 1.16 – (Filing fees and excess claims fees)

☒ 37 CFR § 1.17 – (Any application processing fees)

☐ 37 CFR § 1.21 – (Assignment recording fees)

**6. CORRESPONDENCE ADDRESS**

Please send all correspondence to Customer Number 23639:

Customer Number  
**23639**  
PATENT TRADEMARK OFFICE

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Patent  
Docket: 2024728-7034822001  
(03-255)

Please direct all inquiries to David T. Burse, at the above customer number.

Respectfully submitted,

BINGHAM McCUTHEN LLP

Dated: October 10, 2003

By:   
David T. Burse  
Reg. No. 37,104